



Sanitary Sewer Overflow 5-Day Follow Up Report

Division of Surface Water

Report Submitted By

Date:	4/6/2016
Facility name:	Gary L. Kron WRF
Ohio NPDES permit no.:	3PK00033*MD
Period covered by report:	4/5/2016
Contact person	
Name:	Michael McGlothin
Title:	Superintendent
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Signature required at end of form

Overflow Information

Event start date and time – if multiple locations, include information for each	4/5/2016 at 11:10am												
Event end date and time	4/5/2016 at 12:00pm												
Location(s) the SSO – include unique ID number of one exists	Williams Lift Station force main air release valve No. 405												
Destination(s) of overflow	<input type="checkbox"/> Basement or building <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Storm sewer to receiving water <input type="checkbox"/> Directly to receiving water												
Estimated volume (million gallons) - if multiple locations, include volume for each	0.00025 MGD												
Sewer system component(s) from which release occurred	<input type="checkbox"/> Manhole <input type="checkbox"/> Constructed overflow <input type="checkbox"/> Pipe crack <input type="checkbox"/> Pump station <input checked="" type="checkbox"/> Other (explain) Air release valve on force main												
Cause(s) of overflow	<table><tr><td><input type="checkbox"/> Extreme weather</td><td><input checked="" type="checkbox"/> Equipment failure</td><td><input type="checkbox"/> Power failure</td></tr><tr><td><input type="checkbox"/> Debris in line</td><td><input type="checkbox"/> Roots</td><td><input type="checkbox"/> Grease</td></tr><tr><td><input type="checkbox"/> Other blockages</td><td><input type="checkbox"/> Line deterioration</td><td><input type="checkbox"/> Vandalism</td></tr><tr><td><input type="checkbox"/> Other (explain)</td><td></td><td></td></tr></table>	<input type="checkbox"/> Extreme weather	<input checked="" type="checkbox"/> Equipment failure	<input type="checkbox"/> Power failure	<input type="checkbox"/> Debris in line	<input type="checkbox"/> Roots	<input type="checkbox"/> Grease	<input type="checkbox"/> Other blockages	<input type="checkbox"/> Line deterioration	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Other (explain)		
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